
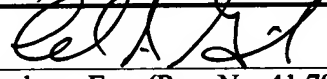


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|--|-----------------------|-------------------|------------|
| TRANSMITTAL FORM  | Application No.: | 10/017,304 | |
| | Filing Date: | 12/11/2001 | |
| | First Named Inventor: | Yao Wang | |
| | Confirmation No.: | | |
| | Group Art Unit | 2143 | |
| | Examiner: | England, David E. | |
| Customer No. | | 24227 | |
| Total Number of Pages in this Submission: | 16 | Docket No. | EMC-01-201 |

ENCLOSURES (check all that apply)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Authorization for the Commissioner to charge Deposit Account No. 05-0889 for fees associated with this transaction (in duplicate) <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Decl. <input checked="" type="checkbox"/> Extension of Time Request for 2 Months <input checked="" type="checkbox"/> Request for Continued Examination Transmittal <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment <input type="checkbox"/> Recordation Cover Sheet <input type="checkbox"/> Declaration/Power of Attorney <input type="checkbox"/> Copy of Notice to File Missing Parts of Nonprovisional Application <input type="checkbox"/> Revocation of Power of Attorney <input type="checkbox"/> Formal Drawings <input type="checkbox"/> Letter to Official Draftsperson with three (3) sheets of redlined changes to drawings <input type="checkbox"/> Copy of PTO 948, "Notice of Draftsperson's Patent Review" <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Additional Enclosures: | <input type="checkbox"/> Petition for Revival of an Unintentionally Abandoned Application [37 CFR 1.137(b)] (in duplicate) <input type="checkbox"/> Associate Power of Attorney Form PTOL-85B, Part B -Issue Fee Payment Transmittal," (in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Certificate of First Class Mailing <input type="checkbox"/> Certificate of Express Mail Mailing <input checked="" type="checkbox"/> Postcard |
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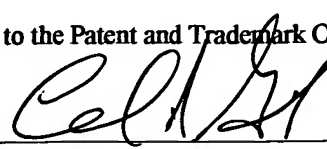
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

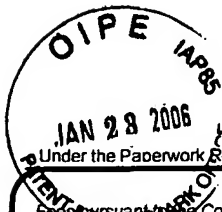
| | |
|--|--|
| Date <u>1/20/2006</u> Tel: (914) 798-8505 |  Carl A. Giordano, Esq. (Reg. No. 41,780) EMC Corporation Office of the General Counsel 44 S. Broadway, 7 th flr. White Plains, NY 10601 |
|--|--|

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8]

I hereby certify that this correspondence and the above-referenced enclosures are being:

☒ Deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
☐ Transmitted by facsimile on the date shown below to the Patent and Trademark Office at (703)

| | |
|-----------------------|--|
| Date <u>1/20/2006</u> | Signature  Carl A. Giordano Typed or printed name of person signing certificate |
|-----------------------|--|



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) 1450.**Complete if Known**

| | |
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| Filing Date | 12/11/2001 |
| First Named Inventor | Yao Wang |
| Examiner Name | England, David E. |
| Art Unit | 2143 |
| Attorney Docket No. | EMC-01-201 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 05-0889 Deposit Account Name: EMC Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | <u>1000.00</u> |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------------------|--------------|----------|---------------|---------------------------|----------|---------------|
| _____ - 20 or HP = _____ | x _____ | = _____ | _____ | _____ | _____ | _____ |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------|--|----------|---------------|
| _____ - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | = _____ | _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for 2 Month Extension of Time to file RCE 450.00**SUBMITTED BY**

| | | | |
|-------------------|-------------------------|---|-----------------------------|
| Signature | <u>Carl A. Giordano</u> | Registration No. (Attorney/Agent) <u>41,780</u> | Telephone <u>9147988505</u> |
| Name (Print/Type) | <u>Carl A. Giordano</u> | Date <u>January 20, 2006</u> | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.